

FOOD APPLICATION
Town of Dudley – Board of Health
71 W. Main Street
Dudley, MA 01571
Phone (508) 949-8017
Fax (508) 949-8031

Date: _____

- ☐ **New** (Includes new construction and/or change in ownership)
☐ **Remodel**
☐ **Conversion** (Includes changes in food service operation)
☐ **Annual Renewal**

Name of Establishment: _____

Address of Establishment: _____

Phone Number of Establishment: _____ Email of Establishment: _____

Type of Establishment & Fee *(Check all that apply):*

<input type="checkbox"/> Food Service	\$100 (less than 50 seats)	\$200 (greater than 50 seats plus \$1.00 a seat)
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☐ Gas Station-\$75

☐ Membership Association-\$100

☐ Catering-\$170

☐ Bakery-\$150

☐ Catering-\$170

☐ Café-\$75

☐ Gas Station Only-\$75

☐ Mobile Food**- \$75

☐ Ice Cream/Soft Serve/Frozen Desert-\$75

☐ Residential Kitchen-\$75

☐ Other (please explain _____)

☐ Food Retail: Wholesale, Supermarket, Grocery, Liquor Store & Convenient Store*

FOOD RETAIL ONLY WILL NEED TO FILL OUT AND PROVIDE ALL THE INFORMATION WITH AN *

\$150 (0-2,500 sq. ft.) \$250 (2,001-5,000 sq. ft.) \$350 (5,001-10,000 sq. ft.) \$600 (Over 10,000 sq. ft.)

☐ Limited Food Retail/Service-\$50.00 *(request needs to be submitted to BOH for approval)*

FOOD RETAIL ONLY WILL NEED TO FILL OUT AND PROVIDE ALL THE INFORMATION WITH AN *

☐ Bar-\$100.00

BAR ONLY WILL NEED TO FILL OUT AND PROVIDE ALL THE INFORMATION WITH AN /

☐ Tobacco-\$150.00

TOBACCO SALES WILL NEED TO FILL OUT AND PROVIDE ALL THE INFORMATION WITH "

Double check your math!

Total of all checked Fees: _____

Check made payable to the Town of Dudley

** If, the item you checked has a symbol you will need to fill in and provide the information with that symbol. If, the item you check off does not have a symbol you will need to fill out the entire application and provide the required information.*

OWNER INFORMATION*/

Name of Owner: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

APPLICANT INFORMATION*/

Name of Applicant: _____

Title (owner, manager, architect, etc.): _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

WATER & SEWER INFORMATION*/

Sewerage Disposal: _____
(If serviced by on-site septic system, indicate design flow in GPD)

Water Source: _____
(If serviced by private well, supply DEP approval as transient non-community water supply system)

HOURS of OPERATION INFORMATION*/

Hours of Operation: Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

CAPACITY INFORMATION*/

Number of Seats: _____ Number of Staff: _____ *(Maximum per shift)* Maximum Capacity: _____ *(staff+guests)*

Total Square Feet of Facility: _____ Number of Floors on which operations are conducted: _____

Maximum Meals to be served: Breakfast _____
(Approximate number) Lunch _____
 Dinner _____

WASTE REMOVAL INFORMATION*/

*Name of Dumpster/Rubbish Company: _____

Phone Number: _____ Pick-Up Date: _____

Name of Grease Hauler Company: _____

Phone Number: _____ Pick-Up Date: _____

CERTIFICATION INFORMATION/

Name of Person(s) Certified in Food Protection and Allergen Awareness*(Please attach copy of certificate):*

Name _____ Title _____ Expire _____

Name _____ Title _____ Expire _____

Name _____ Title _____ Expire _____

Name of Person(s) Certified in Anti-Choking or CPR*(Please attach copy of certificate):*

Name _____ Title _____ Expire _____

Name _____ Title _____ Expire _____

Name _____ Title _____ Expire _____

DISTRIBUTORS INFORMATION*/

Names of Distributors _____ **Phone Number** _____

Names of Distributors _____ **Phone Number** _____

Names of Distributors _____ **Phone Number** _____

Names of Distributors _____ **Phone Number** _____

INSURANCE INFORMATION*/

Name of Insurance Company _____ **Phone Number** _____

Name of Insurance: _____ **Insurance Policy #** _____

- ☐ Proof of workers' compensation insurance coverage made to the Dudley Board of Health, 71 West Main Street, Dudley MA 01571 that must be faxed to the Dudley Board of Health at (508) 949-8031.

EQUIPMENT & RENOVATIONS*/

Have any renovations been done? ≤ No ≤ Yes; describe _____

Have you purchased new equipment? ≤ No ≤ Yes; describe & provide make, model and serial number

ICE/ICE CREAM/SOFT SERVE INFORMATION*

Do you serve ice cream or frozen desserts? ≤ No ≤ Yes; describe _____

Do you serve soft serve ice cream? ≤ No ≤ Yes; Please attach BOH with test results of machine.(s).

Do you make ice? / ≤ No ≤ Yes; describe _____

Do you out source your ice? / ≤ No ≤ Yes; describe _____

Do you have an ice dispenser or bin? / ≤ No ≤ Yes; describe & schedule of maintenance _____

TOBACCO INFORMATION"/

Do you sell any type of Tobacco? ≤ No ≤ Yes; Please check of type of sales below.

TYPE OF SALES: ≤ Over-the counter ≤ Vending machines ≤ Other; describe _____

Did your establishment have any tobacco violations this year? ≤ No ≤ Yes; describe _____

Does your establishment have proper posting of required under MGL C. 270 S.6. It is illegal for anyone, except a parent or guardian, to give a tobacco product to an individual under the age of 18?

≤ No ≤ Yes; describe location(s) _____

How does your establishment prevent selling to a minor? _____

1. I understand that it is against the law to sell cigarettes or any tobacco product to anyone less than 18 years of age regardless of how old the person looks.
2. I understand that it is my responsibility to require anyone selling tobacco to conclusively establish the customer's age. This means that the clerk must ask for and see identification proving the person is at least 18 years of age.
3. I understand that the owner/operator of a business holding a tobacco sales permit is responsible for the operation of a tobacco vending machine on the premises.
4. I understand that the Dudley Board of Health and Massachusetts Tobacco Control Program will conduct frequent compliance checks of my business to ensure that I am not selling tobacco products to minors. This means
 - a. Massachusetts Tobacco Control Program will send minors into my establishment to attempt the purchase of tobacco.
 - b. Massachusetts Tobacco Control Program will conduct these compliance checks on all tobacco merchants, including bars and private clubs, regardless of their type of business.
 - c. These minors may or may not look 18 years of age.
5. I understand that if I am caught selling tobacco to minors:
 - a. In the case of a first violation, the owner, manager, or permit holder and/or his /her agent, or persons not in compliance with the provisions of this regulation shall receive a written warning.
 - b. In case of a second violation within one (1) year of the first violation, the owner, manager, or permit holder and/or his/her agent or persons not in compliance with the provisions of these regulations shall receive a fine of one hundred dollars (\$100.00).
 - c. In the case of a third violation within one (1) year of the first violation, the owner, manager, or permit holder and/or his/her agent, or persons not in compliance with the provisions of this regulation shall receive a fine of two hundred dollars (\$200.00) and the permit to sell tobacco products shall be suspended for thirty (30) consecutive business days.
6. I understand that the Dudley Board of Health prohibits the sale of a single (loose). If I am caught selling single cigarettes, I will be fined twenty-five dollars (\$25.00).

By signing this form, I acknowledge that I have read and understand all of the above statements. I further understand that failure to abide by these conditions may jeopardize my Tobacco Sales Permit.

Print Name/title of Applicant: _____

Applicant signature: _____ **Date:** _____

Please attach the following information:

- ☐ Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).
 - ☐ Menu/
 - ☐ Town Permit Signature Sheet (enclosed with application) must be signed off by the Dudley Tax Collector and the Dudley Treasurer. Both departments are located in the Dudley Municipal Complex on the second floor.* "/
 - ☐ A color coded flow chart demonstrating flow patterns for
 - Food (receiving, storage, preparation, service);
 - Food and dishes (portioning, transport, service);
 - Dishes (clean, soiled, cleaning, storage);
 - Utensils (storage, use, cleaning);
 - Trash and garbage (service area, holding, storage);
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Please check that your establishment agrees and has completed and maintained the following:

- ☐ Label and locate separate food preparation sinks to avoid contamination and cross-contamination of raw and ready to eat foods.
- ☐ Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate food preparation area. Post hand washing signs above sink area.* "/
- ☐ Lavatories cleaned, supplied with toiletries and properly labeled.* "/
- ☐ Entrances, exits, loading/unloading areas and dock free of clutter, debris, safe for use and properly labeled.* "/
- ☐ Establishment must be free of insects and rodents.* "/
- ☐ Doors and windows that are left open must be screened.* "/
- ☐ Establishment must be free of rubbish and all outside rubbish bins need to be closed, secured and free of overflowing debris.* "/
- ☐ Floors, appliances, shelving and storage areas must be well maintained and free of filth.* "/
- ☐ Food handling employees must wear gloves and change them frequently.
- ☐ Ventilation maintained and clean.* "/
- ☐ Mop sink or curbed cleaning facility with facilities for hanging wet mops.
- ☐ Cabinets for storing toxic chemicals.
- ☐ Garbage can washing area/facility.
- ☐ No smoking and employees that smoke must smoke off site.* "/
- ☐ Dressing rooms, locker area, employee rest area, and/or coat rack as required.* "/
- ☐ Please be advised that The Dudley Board of Health makes two or more unannounced inspections a year and they are at random.* "/

- ☐ Please be advised that The State of Massachusetts makes random unannounced inspection through out the State.*"/

Please initial that by checking of boxes you understand and agree to the above needs to be in compliance in addition to the Massachusetts Food Code 1999. _____

IMPORTANT NOTICE*"/:

The non-criminal FINES concerning Food Establishment Regulations adopted by the Dudley Board of Health pursuant to MGL, Ch 111, 31 are as follows:

Violations related to Food-Bourne Illness Interventions and Risk Factors
\$250.00

Repeat Violations related to General Retail Practices \$150.00

Repeat Non-Criminal Violations related to Good Retail Practices \$ 75.00

Operating an establishment without a current permit \$ 50.00 (per day); \$100.00 (2nd day +)

Filing fee or denial after January 1st \$100.00

Reminder*"/: Consistent with M.G.L. Ch.270, Section 22 and per order of the Dudley Board of Health, Food Establishments must prohibit smoking on the premises at all times and post smoke-free notices at all points of entry, restrooms, and conspicuously upon the premises. It shall be the responsibility of the permit holder or his/her Business Agent to prohibit smoking on the premises.

Pursuant to MGL c. 62C, sec. 49A, I (we) certify under the penalties of perjury that I (we), the owner (s) of this establishment, to the best of my (our) knowledge and belief, have filed all applicable tax returns and paid all taxes required under law.

Individual Social Security or Federal Tax ID Number:*"/ _____

Signature of owner/manager – Individual or Corporate Name:*"/ _____

I, the undersigned, attest to the accuracy of the information provided in this application, and affirm that this food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Department of Inspectional Services on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Signature of Applicant:*"/ _____

Payment is due with completed application.

FOR BOARD OF HEALTH USE ONLY				
DATE REC'D	APPROVED	PERMIT FEE	APPROVED	ENTERED
NOTES:				